

**Exhibit 612** [replacing Dkt. #2371-68] attached to Plaintiffs' Consolidated Memorandum in Opposition to Defendants' Motions for Summary Judgment on Plaintiffs' Civil Conspiracy, RICO and OCPA Claims at Dkt. #2182.

- Redactions withdrawn by Defendants

PSJ3

Exhibit 612

## RNA -Threshold Change/Level 1 Form

\*NOTE: Areas in **Bold** are **MANDATORY** \*

Date: 4-28-10

Submitted by Steve Schmidt

Home DC

**Request for threshold change Y/N?**    **Temp/Perm?**    **Level 1 Notification?**     
Anticipated Effective Date: \_\_\_\_\_ (Attach list if necessary)

<b>Customer Name:</b> <u>See list</u>	<b>Corporate Contact Name:</b> _____
<b>Address:</b> _____	<b>Title:</b> _____
_____	<b>Phone:</b> _____
<b>DEA number:</b> _____	<b>Has account reached monthly threshold Y/N?</b> <u>  </u>
<b>Customer Account number:</b> _____	<b>Has Level One been conducted Y/N?</b> <u>  </u>
<b>If contact different than above, List here:</b> _____	

Provide Economost number, Description or Base Code      Dosage amount or percentage

1. CS requested: <u>See list</u>	+/- amount <u>+15.00%</u>
2. CS requested: _____	+/- amount _____
3. CS requested: _____	+/- amount _____
4. CS requested: _____	+/- amount _____
5. CS requested: _____	+/- amount _____

**Reason for requested change (BE SPECIFIC, include supporting documentation):**

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Has threshold been changed on the same product within the last three months?
2. If Yes, List dates:

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

**Approval/Denial Approved by:**

DC Management Jake Kramer

Date: 4/28/10

Regulatory Tom McDonald

Date: 4-28-10

MCK 000496

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

Home DC	Reg.DC	Chain	License	Account	Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %	New Threshold
8131	8131	815	FM0755390	585706	CVS PHCY 5305A	9143	OXYCODONE	11000	10934	99.4	13000

MCKMDL000000498



## RNA -Threshold Change/Level 1 Form

\*NOTE: Areas in **Bold** are **MANDATORY** \*

Date: 1-20-10

Submitted by Steve Schmidt

Home DC

**Request for threshold change Y/N?**    **Temp/Perm?**    **Level 1 Notification?**     
 Anticipated Effective Date: \_\_\_\_\_ (Attach list if necessary)

<b>Customer Name:</b> <u>See list</u>	<b>Corporate Contact Name:</b> _____
<b>Address:</b> _____	<b>Title:</b> _____
_____	<b>Phone:</b> _____
<b>DEA number:</b> _____	<b>Has account reached monthly threshold Y/N?</b> <u>  </u>
<b>Customer Account number:</b> _____	<b>Has Level One been conducted Y/N?</b> <u>  </u>
<b>If contact different than above, List here:</b> _____	

Provide Economost number, Description or Base Code      Dosage amount or percentage

1. CS requested: <u>See list</u>	<u>+/- amount +15.00%</u>
2. CS requested: _____	<u>+/- amount</u>
3. CS requested: _____	<u>+/- amount</u>
4. CS requested: _____	<u>+/- amount</u>
5. CS requested: _____	<u>+/- amount</u>

### **Reason for requested change (BE SPECIFIC, include supporting documentation):**

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

### McKesson use only

1. Has threshold been changed on the same product within the last three months?
2. If Yes, List dates:

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

**Approval/Denial Approved by:**

DC Management Jake Kramer

Date: 1/21/10

Regulatory Michael Oriente

Date: 1-20-10

Home DC	Reg DC	Chain	License	Account	Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %
8131	8131	815	FM1634220	804082	CVS PHCY 8944A	9143	OXYCODONE	8000	6600	82.5
8147	8147	815	BC2586949	839385	CVS PHCY 9695B	9143	OXYCODONE	8000	7100	88.75
8147	8147	815	BC6694928	838463	CVS PHCY 9624B	1100	AMPHETAMINE	6900	6100	88.41
8147	8147	815	BC2586329	819402	CVS PHCY 8839B	9050	CODEINE-N-OXIDE	7000	6000	85.71
8147	8147	815	BC2365826	819116	CVS PHCY 8812B	2285	PHENOBARBITAL	5000	4200	84
8147	8147	815	BC6460721	837547	CVS PHCY 9562B	9050	CODEINE-N-OXIDE	6000	5000	83.33
8147	8147	815	BC2584628	829100	CVS PHCY 9165B	9143	OXYCODONE	9200	7600	82.61
8147	8147	815	BC6753231	837972	CVS PHCY 9583B	9050	CODEINE-N-OXIDE	5000	4032	80.64
8170	8170	815	BC6818352	842119	CVS PHCY 9283B	1100	AMPHETAMINE	5000	5000	100
8170	8170	815	BC8231576	66587	CVS PHCY 0086B	9143	OXYCODONE	26400	26336	99.76
8170	8170	815	BC6818352	842119	CVS PHCY 9283B	9143	OXYCODONE	16000	15917	99.48
8170	8170	815	BC8231843	562908	CVS PHCY 0017B	1100	AMPHETAMINE	6000	5600	93.33



## Threshold Change Form

Immediate Change Request Y/N<sub>Y</sub>

Anticipated Effective Date: 4-16-09

Date: 4-16-09

Customer Name: See list

Address: \_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

1. CS requested: <u>See list</u>	Increase amount <u>15%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

### Approved by:

DCM \_\_\_\_\_ Date: \_\_\_\_\_

Sales \_\_\_\_\_ Date: \_\_\_\_\_

Threshold Change Form CVS4-16-09.doc

MCK 000499



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-16-09.doc

MCK 000500

Confidential Material Exempt  
From Disclosure Under FOIA

MCK 000501

Home DC	Reg.DC	Chain	License	Account	Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %	
8131	8131	815	FM0755390	585706	CVS PHCY 5305A	2882	ALPRAZOLAM	9200	8000	86.96	10580
8170	8170	815	BC8570245	381441	CVS PHCY 8420B	9300	MORPHINE	8050	8000	99.38	9257
8180	8180	815	BC0285038	842985	CVS PHCY 8624A	9300	MORPHINE	6000	5300	88.33	6900



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 4-17-09

Date: 4-17-09

Customer Name: See list

Address: \_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

<u>Provide Economost number, Description, NDC or Base Code</u>	<u>Change in selling unit or percentage</u>
1. CS requested: <u>See list</u>	Increase amount <u>15%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? \_\_\_\_\_
4. Has threshold been changed on the same product within the last three months? \_\_\_\_\_

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_ Date: \_\_\_\_\_

Sales \_\_\_\_\_ Date: \_\_\_\_\_

Threshold Change FormCVS4-17-09.doc

MCK 000502



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-17-09.doc

MCK 000503

Confidential Material Exempt  
From Disclosure Under FOIA

MCK 000504

Home DC	Reg.DC	Chain	License	Account	Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %
8115	8115	815	FC0865937	118517	CVS PHCY 3234B	9193	HYDROCODONE	11000	11000	100
8170	8170	815	BC8570245	381441	CVS PHCY 8420B	9300	MORPHINE	8050	8000	99.38
8165	8165	815	BC5359446	268192	CVS PHCY 7682B	1100	AMPHETAMINE	6000	5600	93.33
8165	8165	815	BC5360932	88207	CVS PHCY 7237B	1100	AMPHETAMINE	7000	6400	91.43
8180	8180	815	BC0285038	842985	CVS PHCY 8624A	9300	MORPHINE	6000	5300	88.33
8131	8131	815	FM0755390	585706	CVS PHCY 5305A	2882	ALPRAZOLAM	9200	8000	86.96
8147	8147	815	BC7124023	819155	CVS PHCY 8814B	9300	MORPHINE	6000	5203	86.72



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 4-14-09

Date: 4-14-09

Customer Name: See list

Address: \_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

1. CS requested: <u>See list</u>	Increase amount <u>15%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_ Date: \_\_\_\_\_

Sales \_\_\_\_\_ Date: \_\_\_\_\_

Threshold Change Form CVS4-14-09.doc

MCK 000505



Regulatory Tom McDonald

Date: 4-14-09

Threshold Change Form CVS4-14-09.doc

MCK 000506

Confidential Material Exempt  
From Disclosure Under FOIA

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Home DC	Reg.DC	Chain	License	Account	Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold % Increase to	
8131	8131	815	FM0755390	585706	CVS PHCY 5305A	2882	ALPRAZOLAM	8000	8000	100	9200
8147	8147	815	BC2584527	831616	CVS PHCY 9479B	1100	AMPHETAMINE	7000	6900	98.57	8050
8170	8170	815	BC8570245	381441	CVS PHCY 8420B	9300	MORPHINE	7000	7000	100	8050

MCK 000507



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 3-27-09

Date: 3-27-09

Customer Name: See list

Address: \_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

1. CS requested: <u>See list</u>	Increase amount <u>15%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_ Date: \_\_\_\_\_

Sales \_\_\_\_\_ Date: \_\_\_\_\_

Threshold Change Form CVS 3-27-09 (2).doc

MCK 000508



Regulatory Tom McDonald

Date: 3-30-09

Threshold Change FormCVS3-27-09 (2).doc

MCK 000509

Confidential Material Exempt  
From Disclosure Under FOIA

MCK 000510

MCKMDL00000512

DRA	Home DC	Reg.DC	Chain	License	Account Name	Base Code Description	Monthly Threshold	MTD Accumulator	Threshold %
Bill	8115	8115	815	BC5350385	213156 CVS PHCY 6741B	9250 METHADONE	7000	6100	87
Bill	8115	8115	815	BC5350715	497126 CVS PHCY 6893B	9143 OXYCODONE	8000	7000	88
Bill	8115	8115	815	BC5352264	532877 CVS PHCY 7108B	1100 AMPHETAMINE	7000	6300	90
Bill	8115	8115	815	BC5361100	253968 CVS PHCY 7293B	1100 AMPHETAMINE	9600	8400	88
Bill	8115	8115	815	BC5354878	819056 CVS PHCY 7486B	1100 AMPHETAMINE	5000	4950	99
Bill	8115	8115	815	BC5359244	884647 CVS PHCY 7645B	9300 MORPHINE	5000	4500	90
Bill	8149	8149	815	FM1277359	724109 CVS PHCY 4997A	1724 METHYLPHENIDATE	8000	6980	87
Bill	8165	8165	815	BC5359650	687730 CVS PHCY 7742B	1100 AMPHETAMINE	6000	5300	88
Bill	8194	8194	936	RC0347725	807067 CVS LA HABRA TEST	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936	RC0347725	807067 CVS LA HABRA TEST	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936	RC0347725	829241 CVS LA HABRA-BRAND	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936	RC0347725	829241 CVS LA HABRA-BRAND	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936	RC0347725	829297 CVS LA HABRA-BRAND CTRL	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936	RC0347725	829297 CVS LA HABRA-BRAND CTRL	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936	RC0347725	829319 CVS LA HABRA-REFRIGERATED	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936	RC0347725	829319 CVS LA HABRA-REFRIGERATED	9411 NALOXONE	85000	73440	86
Dave	8109	8109	815	BC6397752	817291 CVS PHCY 8651A	1724 METHYLPHENIDATE	10120	9230	91
Tom	8131	8131	815	FM0755390	585706 CVS PHCY 5305A	9143 OXYCODONE	15600	13600	87
Tom	8131	8131	815	FM0755390	585706 CVS PHCY 5305A	9300 MORPHINE	5000	4300	86
Tom	8147	8147	815	BC5102506	819332 CVS PHCY 8838B	1100 AMPHETAMINE	6000	5200	87
Tom	8147	8147	815	BC2586658	824648 CVS PHCY 8871B	1724 METHYLPHENIDATE	9000	7730	86
Tom	8147	8147	815	BC2586658	824648 CVS PHCY 8871B	1100 AMPHETAMINE	14000	13450	96
Tom	8147	8147	815	BC2584539	828247 CVS PHCY 9111B	1100 AMPHETAMINE	7200	6800	94
Tom	8147	8147	815	BC2584577	829050 CVS PHCY 9145B	9193 HYDROCODONE	20000	19800	99
Tom	8147	8147	815	BC2584503	829112 CVS PHCY 9173B	9193 HYDROCODONE	13000	11248	87
Tom	8147	8147	815	BC2586848	839291 CVS PHCY 9683B	9193 HYDROCODONE	22000	19200	87
Tom	8147	8147	815	BC2586331	840630 CVS PHCY 9799B	9143 OXYCODONE	8000	6900	86
Tom	8147	8147	815	BC2586331	840630 CVS PHCY 9799B	9300 MORPHINE	5000	4508	90
Tom	8147	8147	815	BC2586177	840690 CVS PHCY 9849B	9193 HYDROCODONE	16100	14000	87
Tom	8170	8170	815	BC8231843	562908 CVS PHCY 0017B	1100 AMPHETAMINE	5000	4600	92
Tom	8170	8170	815	BC3490555	841568 CVS PHCY 9232B	9143 OXYCODONE	13000	11400	88



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 12/15/08

Date: 12/15/08

Customer Name: CVS  
Address: 5301, 5302, 5305, 5307

DEA number: \_\_\_\_\_

Customer Account number: many

Provide Economost number, Description, NDC or Base Code	Change in selling unit or percentage
1. CS requested: <u>9193</u>	Increase amount <u>30%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

National adjustment due to the vast number of increases needed during a shortage and demand shift, per Don Walker and the DRA team.

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months? \_\_\_\_\_

### Current Threshold

1. various
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_ Date: \_\_\_\_\_

Sales \_\_\_\_\_ Date: \_\_\_\_\_



Regulatory dg

Date: 12-15-08

Threshold Change Form 12-15-2008.doc

MCK 000512

Confidential Material Exempt  
From Disclosure Under FOIA

**Kramer, Jake**

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**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:10 AM  
**To:** #PGDCM  
**Cc:** de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy  
**Subject:** FW: could you do me a favor.

**Attachments:** Threshold Change Form.doc

All;

On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

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Dave Gustin, DRA North Central Region  
cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Wednesday, December 17, 2008 9:56 AM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

Dave



Threshold Change  
Form.doc (64 ...)

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell  
[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

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**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:49 AM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

Yep....11/28

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Dave Gustin, DRA North Central Region  
cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 5:16 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell

[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

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**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 3:01 PM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

I just need a TCR from you signed and dated the 30<sup>th</sup>. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

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Dave Gustin, DRA North Central Region  
cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 4:00 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

I am...meeting for next 30

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell

[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

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**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 2:59 PM  
**To:** Bishop, Micheal  
**Subject:** could you do me a favor.

Are you in today?

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Dave Gustin, DRA North Central Region

cell 937 402 0834



**Kramer, Jake**

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**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:10 AM  
**To:** #PGDCM  
**Cc:** de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy  
**Subject:** FW: could you do me a favor.  
  
**Attachments:** Threshold Change Form.doc

All;

On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

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Dave Gustin, DRA North Central Region

cell 937 402 0834

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**From:** Bishop, Micheal  
**Sent:** Wednesday, December 17, 2008 9:56 AM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

Dave



Threshold Change  
Form.doc (64 ...)

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
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[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

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**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:49 AM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

Yep....11/28

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Dave Gustin, DRA North Central Region  
cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 5:16 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

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**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 3:01 PM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

I just need a TCR from you signed and dated the 30<sup>th</sup>. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

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Dave Gustin, DRA North Central Region

cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 4:00 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

I am...meeting for next 30

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

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**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 2:59 PM  
**To:** Bishop, Micheal  
**Subject:** could you do me a favor.

Are you in today?

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Dave Gustin, DRA North Central Region

cell 937 402 0834



## Threshold Change Form

Immediate Change Request Y/N Y Anticipated Effective Date: 11/28/2008

Date: 11/28/2008

Customer Name: Various RNA Customers - See attachment  
Address: \_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: See attachment

Provide Economost number, Description, NDC or Base Code	Change in selling unit or percentage
1. CS requested: <u>Various</u>	Increase amount <u>30% increase</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

Increase due to Thanksgiving holiday - 30% increase

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months? \_\_\_\_\_

Current Threshold

1. various
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_ Date: \_\_\_\_\_

Sales \_\_\_\_\_ Date: \_\_\_\_\_

Regulatory dg Date: 11/28/08

Threshold Change Form.doc

MCK 000522



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 12/15/08

Date: 12/15/08

Customer Name: CVS

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: many

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

1. CS requested: <u>9193</u>	Increase amount <u>30%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

National adjustment due to the vast number of increases needed during a shortage and demand shift, per Don Walker and the DRA team.

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_ Date: \_\_\_\_\_

Sales \_\_\_\_\_ Date: \_\_\_\_\_



Regulatory dg

Date: 12-15-08

Threshold Change Form05\_20\_08.doc

MCK 000524

Confidential Material Exempt  
From Disclosure Under FOIA



## Threshold Change Form

Immediate Change Request Y/N

Anticipated Effective Date: 11-25-08

Date: 11-26-08

Customer Name: FM0755299 442358 CVS PHCY 5302A

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

<u>Provide Economost number, Description, NDC or Base Code</u>	<u>Change in selling unit or percentage</u>
--	---

1. CS requested: <u>9300</u>	Increase amount <u>30%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

Per the agreement between CVS and McKesson approved by Don Walker on Sept 25 to temporarily withhold threshold monitoring until CVS analyzed requested data.

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

### Approved by:

DCM Jake Kramer

Date: November 26, 2008

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change FormCVS11-25-08.doc

MCK 000525



Regulatory Tracy Jonas

Date: November 26, 2008

Threshold Change FormCVS11-25-08.doc

MCK 000526

Confidential Material Exempt  
From Disclosure Under FOIA



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 11-25-08

Date: 11-25-08

Customer Name: CVS Phcy 5301A  
Address: 1311 Grand Ave  
Billings, MT 59102

DEA number: FM0755364

Customer Account number: 170206

<u>Provide Economost number, Description, NDC or Base Code</u>	<u>Change in selling unit or percentage</u>
1. CS requested: <u>See list</u>	Increase amount <u>30%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

Per the agreement between CVS and McKesson approved by Don Walker on Sept 25 to temporarily withhold threshold monitoring until CVS analyzed requested data.

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? \_\_\_\_\_
4. Has threshold been changed on the same product within the last three months? \_\_\_\_\_

### Current Threshold

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

DCM Jake Kramer

Date: 11/25/08

Sales \_\_\_\_\_

Date: \_\_\_\_\_

**MCKESSON**

*Empowering Healthcare*

Regulatory Tracy Jonas

Date: November 25, 2008

Threshold Change FormCVS11-25-08 (2).doc

MCK 000528

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